



## Adult Immunization Program Patient Eligibility

### Patient Age

Is the patient 19 years or older?

Yes

No

Covered by Childhood  
Immunization Program

### Rhode Island Connection

Is the patient a Rhode Island resident?

Yes

No

Does the patient/covered beneficiary receive  
health benefits from a RI employer?

Yes

No

Not eligible

### Insurance Status

Does the patient have health insurance?

Yes

No

Is the patient willing and able  
to pay out-of-pocket?

Yes

No

Collect administration  
and vaccine costs  
from patient. Give the  
money for the vaccine  
to the state and keep  
administration costs.

Please refer the  
patient to an  
appropriate clinic.  
For a clinic list, visit  
[www.health.ri.gov](http://www.health.ri.gov) or  
call 1-800-942-7434.

**Administer the vaccine.**

(Don't forget to submit a reimbursement claim or document the patient as self-pay.)